
	Division of Environmental Health and Communicable Disease Prevention	
	<b>Section: 4.0 Diseases and Conditions</b>	Revised 7/03
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## Hepatitis C

### **Overview**<sup>(1,2)</sup>

For a more complete description of hepatitis C, refer to the following text:

- Control of Communicable Diseases Manual (CCDM).
- Red Book, Report of the Committee on Infectious Diseases.

Comment: Hepatitis C accounted for the majority of infections previously referred to as hepatitis non-A, non-B.

### **Case Definition**<sup>(3)</sup>

#### **Hepatitis C (Acute)**

For surveillance purposes, a confirmed case of acute hepatitis C is one that meets both clinical and laboratory criteria:

##### ***Clinical criteria***

An acute illness with

- discrete onset of symptoms consistent with acute viral hepatitis **and**
- jaundice **or** elevated serum aminotransferase levels (liver enzymes)

##### ***Laboratory criteria for diagnosis***

- Serum aminotransferase levels > 7 times the upper limit of normal, **and**
- Antibody to hepatitis C virus (anti-HCV) positive by EIA, verified by a supplemental test (e.g., RIBA **or** PCR) or an EIA with a S/CO  $\geq 3.8$ , **and**
- IgM anti-HAV negative, **and**
- IgM anti-HBc negative (if done) or HBsAg negative.

**EIA** – Enzyme Immunoassay


**RIBA** – Recombinant Immunoblot Assay, used to confirm a positive EIA test.

**PCR** – Polymerase Chain Reaction used to detect the presence of the HCV virus and determine the viral load of the individual.

**S/CO** – Signal Cut-Off ratio, measures the strength of the EIA reaction. S/CO ratios greater than or equal to 3.8 have a 95% chance of being RIBA positive.

##### ***Case classification***

*Confirmed:* a case that meets the clinical case definition **and** the laboratory criteria.

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### ***Comment***

Patient liver enzymes (ALT) must be greater than seven times the upper limit of normal. According to CDC, 97% of patients with acute hepatitis C will have ALT's greater than this level. <sup>(4)</sup>

## **Hepatitis C (Chronic Infection)**

### **Case Definitions for Confirmed, Probable, and Suspect Chronic Cases:** <sup>(5)</sup>

#### ***Clinical criteria***

None

Cases in these categories may or may not have an acute onset of illness or symptoms and may or may not have elevated liver enzyme test results.

The presence or absence of other viral markers of hepatitis are not relevant to these classifications.

#### ***Chronic HCV Case Classification***

##### ***Confirmed:***

- Positive antibody to hepatitis C virus (anti-HCV) by EIA verified with a S/CO  $\geq$  3.8, or by a supplemental test (e.g., RIBA, PCR), **or**
- Positive RIBA or PCR test in the absence of other tests.

##### ***Probable:***

- Elevated ALT values and positive anti-HCV by EIA test unverified by a more specific essay.

##### ***Suspect:***


- Positive anti-HCV by EIA test and does not meet the “confirmed” or “probable” chronic case classifications for HCV infection.

## **Information Needed for Investigation**

**Verify the diagnosis.** What laboratory tests were conducted? What were the results? What were the case's clinical symptoms? Is this an acute case or is this a chronic hepatitis C infection?

**Establish the extent of illness.** Determine if household or other close contacts are, or have been ill, by contacting the health care provider, patient or family member.

**Contact the Regional Communicable Disease Coordinator** if an outbreak is suspected.

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## **Case/Contact Follow-Up And Control Measures**

Determine the source of infection:

- Determine if the case has any of the following risk factors for this disease: had received clotting factor concentrates before 1987; had received transfusions of blood or blood components before 1992; were notified that they had received blood from a donor who later tested positive for HCV infection, had received an organ transplant before 1992. Or, who recently or in the past, had needle-sticks, sharps or mucosal exposure to HCV-positive blood, engaged in injecting drug use or any activity that may involve the sharing or re-use of needles such as tattooing/body piercing, had multiple sex partners, a sex partner with hepatitis C, or other close contact with an individual with hepatitis C. <sup>(6)</sup>
- Determine if the case has received counseling regarding this virus and the methods to prevent transmission.

### **Control Measures**

See the Hepatitis C section of the Control of Communicable Diseases Manual (CCDM), "Control of patient, contacts and the immediate environment".

See the Hepatitis C section of the Red Book.

## **Laboratory Procedures**


### **Specimens:**

Testing for hepatitis C is not currently performed at the Missouri State Public Health Laboratory. Contact the testing laboratory for specific collection and transport requirements.

## **Reporting Requirements**

Hepatitis C is a Category II disease and shall be reported to the local health authority or to the Missouri Department of Health and Senior Services (DHSS) within 3 days of first knowledge or suspicion.

1. For confirmed acute hepatitis C cases, complete a "DHSS Disease Case Report" form (CD-1) **and** CDC's "Viral Hepatitis Case Report" form.
2. For confirmed, probable and suspect chronic hepatitis C cases, submit a completed CD-1 and/or a legible lab report with patient's address.
3. For confirmed chronic cases **≤ 30 years old\*** **or** any case that merits additional investigation complete a CD-1 **and** CDC's "Viral Hepatitis Case Report form.
4. Send completed forms to the appropriate Regional Health Office.
5. Entry of the completed CD-1 into the MOHSIS database negates the need for the paper CD-1 to be forwarded to the Regional Health Office.

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6. All outbreaks or "suspected" outbreaks must be reported as soon as possible (by phone, fax or e-mail) to the Regional Communicable Disease Coordinator. This can be accomplished by completing the Missouri Outbreak Surveillance Report (CD-51).
7. Within 90 days from the conclusion of an outbreak, submit the final outbreak report to the Regional Communicable Disease Coordinator

\*Investigation of new cases 30 years old and younger is designed to capture risk, behavior, and medical evaluation information, and provide opportunities for disease and prevention education. Information collected from individuals recently infected will help further enhance prevention education efforts through identifying risky behaviors.

## **References**

1. Chin, James, ed. "Hepatitis C." *Control of Communicable Diseases Manual (CCDM)*, 17<sup>th</sup> ed. Washington, D.C.: American Public Health Association, 2000: 251- 253
2. American Academy of Pediatrics. "Hepatitis C." In: Pickerton, LK. ed. *2000 Red Book: Report of the Committee on Infectious Diseases*. 25<sup>th</sup> ed. Elk Grove Village, IL. 2000: 302-306.
3. Centers for Disease Control and Prevention. *Case Definitions for Infectious Diseases Web Site*, [http://www.cdc.gov/EPO/DPHSI/casedef/hepatitis\\_viral\\_acute\\_current.htm](http://www.cdc.gov/EPO/DPHSI/casedef/hepatitis_viral_acute_current.htm)
4. Hepatitis Control Report, *Big Changes are Coming for Hepatitis C Surveillance*, Summer 2001, Volume 6, Number 2.
5. Missouri Department of Health and Senior Services- Section of Communicable Disease Control and Veterinary Public Health surveillance case definition.
6. Centers for Disease Control and Prevention. *Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease*. MMWR 1998;47 (No. RR-19): 1-39.

## **Other Sources of Information**

Mandell, Gerald L., John E. Bennett, & Raphael Dolin, Eds. *Principles and Practice of Infectious Diseases*, 5<sup>th</sup>. Ed. New York: Churchill Livingstone, 2000: 1279-1295, 1736-1753.

Evans, Alfred S. and Richard A. Kaslow, Eds. *Viral Infections of Humans Epidemiology and Control*; 4<sup>th</sup> ed. Eds. New York: Plenum, 1997: 387-394.

Centers for Disease Control and Prevention. *Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease*. MMWR 1998;47 (No. RR-19): 1-39.

# **Hepatitis C (Viral)**

## **FACT SHEET**

### **What is hepatitis C?**

Hepatitis C is an inflammation of the liver that is caused by the hepatitis C virus. This inflammation can result in serious liver damage. Eighty-five percent of hepatitis C infected individuals develop chronic hepatitis. Hepatitis C is now the major reason for liver transplantation in the United States.

### **How common is hepatitis C?**

This year alone, some 30,000 Americans will become infected with hepatitis C in the United States. If the body does not clear the virus in six months, the infection is said to be chronic. Currently, an estimated 4 million people have chronic hepatitis C in the United States. Missouri is estimated to have 95,000 persons infected with hepatitis C.

Each year, 8,000-10,000 Americans die from complications of hepatitis C. The death rate is expected to triple within the next 10 to 20 years, exceeding the death rate associated with AIDS.

### **Who is at risk for hepatitis C?**

Hepatitis C is a bloodborne pathogen, and is transmitted primarily by large or repeated direct percutaneous exposure (direct skin puncture). Injection drug use accounts for greater than 60% of chronic infections.

#### **Other risks include:**

- Blood transfusion or organ transplant recipient prior to 1992
- Occupational exposure (health care workers)
- Hemodialysis patients
- Practicing high-risk sexual activity (multiple partners, history of STDs, co-infected with HIV)
- Using non-injection illegal drugs (intranasal cocaine)
- Tattooing and body piercing with contaminated equipment
- IV drug use – even just once
- Sharing personal items such as razor, toothbrush, water pic, nail clippers
- Recipient of blood products (human albumin or clotting factor concentrates) prior to 1987

Transmission between mother and baby has been documented, although the risk is low, no more than 6%. Breastfeeding does not appear to transmit hepatitis C.

## **What are the symptoms?**

Some people have loss of appetite, tiredness, nausea and vomiting, vague stomach pain and jaundice (a yellowing of the skin and whites of the eyes). Some people do not have any symptoms.

## **How soon do symptoms occur?**

Symptoms may occur from two weeks to six months after exposure but usually within 6-9 weeks. These symptoms are during the acute phase of the disease. Liver cirrhosis and permanent liver damage from hepatitis C may not be evident for up to 20 years after the initial exposure to the virus.

## **When and for how long is a person able to spread hepatitis C?**

A person with hepatitis C is contagious one or two weeks before symptoms appear and during the entire time the person is ill. Until more is learned about this disease, all persons who have been diagnosed as having hepatitis C should be considered infectious (able to pass the hepatitis C virus through their blood and body fluids).

## **What are the complications of hepatitis C?**

Eighty-five percent (85%) of persons infected with hepatitis C develop chronic hepatitis and remain infectious to other people. Cirrhosis (scarring of the liver) can occur within 2 years of the onset of infection in at least 20% of persons with chronic hepatitis C. Risk for chronically infected persons to develop liver cancer is 1-5%. The course of illness is influenced by various factors, especially alcohol consumption.

## **Can hepatitis C be prevented?**

There is no vaccine for hepatitis C.

A healthy lifestyle can reduce chances of infection. Avoid illegal injection drugs use, intranasal cocaine use and contact with other people's blood. Practice safe sex and limit sexual partners (a monogamous relationship has the lowest risk for acquiring hepatitis C). Avoid sharing razors, toothbrushes, pierced earrings, needles and syringes with anyone; and make certain needles for body piercing and tattooing have been properly sterilized. You cannot contract hepatitis C by casual contact – kissing, hugging, sneezing, coughing, and shaking hands. There is no need to prevent the hepatitis C positive person from attending work, school, or daycare.

For those who are infected, avoiding alcohol and use of street drugs can be reduce damage to the liver caused by HCV. Consult your physician about any medications you may be taking. Vaccination against hepatitis A and B is recommended, since a liver compromised by hepatitis C is more susceptible to damage when co-infected with other viruses.

**How is hepatitis C diagnosed?**

Blood tests can be preformed to identify individuals who have the hepatitis C virus. Your doctor can perform these tests.

**Is there a medical treatment for hepatitis C?**

Yes. Combinations of two compounds, interferon and ribivirin, have been shown to be effective for certain patients. The recommendations for which patients should be treated are changing as more is learned about this disease. Contact your physician for information about the current treatment guidelines.

**Missouri Department of Health and Senior Services  
Section for Communicable Disease Prevention  
Phone: (866) 628-9891 or (573) 751-6113**



# VIRAL HEPATITIS CASE REPORT

The following questions should be asked for every case of viral hepatitis

Prefix: (Mr. Mrs. Miss Ms. etc) _____	Last: _____	First: _____	Middle: _____										
Preferred Name (nickname): _____		Maiden: _____											
Address: Street: _____													
City: _____		Phone: (     ) - _____	Zip Code: _____ -- _____										
SSN # (optional) _____ - _____ - _____													
----- Only data from lower portion of form will be transmitted to CDC -----													
State: _____		County: _____	Date of Public Health Report ____ / ____ / ____										
Was this record submitted to CDC through the NETSS system? Yes <input type="checkbox"/> No <input type="checkbox"/>													
If yes, please enter NETSS ID NO. <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												If no, please enter STATE CASE NO. _____	

## DEMOGRAPHIC INFORMATION

<b>RACE (check all that apply):</b> <input type="checkbox"/> Amer Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other Race, specify: _____	<b>ETHNICITY:</b> Hispanic ..... <input type="checkbox"/> Non-hispanic ..... <input type="checkbox"/> Other/Unknown ..... <input type="checkbox"/>
<b>SEX:</b> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk <input type="checkbox"/> <b>PLACE OF BIRTH:</b> <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
<b>DATE OF BIRTH:</b> MM / DD / YYYY <b>AGE:</b> ____ (years) ( 00= <1yr , 99= Unk )	

## CLINICAL & DIAGNOSTIC DATA

**REASON FOR TESTING:** (Check all that apply) ☐ Symptoms of acute hepatitis    ☐ Evaluation of elevated liver enzymes  
☐ Screening of asymptomatic patient with reported risk factors    ☐ Blood / organ donor screening  
☐ Screening of asymptomatic patient with no risk factors (e.g., patient requested )    ☐ Follow-up testing for previous marker of viral hepatitis  
☐ Prenatal screening    ☐ Unknown    ☐ Other: specify: \_\_\_\_\_

CLINICAL DATA:	DIAGNOSTIC TESTS: CHECK ALL THAT APPLY
Diagnosis date: MM / DD / YYYY	
Is patient symptomatic? ..... Yes No Unk if yes, onset date: MM / DD / YYYY	
Was the patient	
• Jaundiced? ..... Yes No Unk	• Total antibody to hepatitis A virus [total anti-HAV] ..... Pos Neg Unk
• Hospitalized for hepatitis? ..... Yes No Unk	• IgM antibody to hepatitis A virus [IgM anti-HAV] ..... Pos Neg Unk
Was the patient pregnant ? ..... Yes No Unk	• Hepatitis B surface antigen [HBsAg] ..... Pos Neg Unk
due date : MM / DD / YYYY	• Total antibody to hepatitis B core antigen [total anti-HBc] ..... Pos Neg Unk
Did the patient die from hepatitis? ..... Yes No Unk	• IgM antibody to hepatitis B core antigen [IgM anti-HBc] ..... Pos Neg Unk
• Date of death: MM / DD / YYYY	• Antibody to hepatitis C virus [anti-HCV] ..... Pos Neg Unk
	- anti-HCV signal to cut-off ratio _____
	• Supplemental anti-HCV assay [e.g., RIBA] ..... Pos Neg Unk
	• HCV RNA [e.g., PCR] ..... Pos Neg Unk
	• Antibody to hepatitis D virus [anti-HDV] ..... Pos Neg Unk
	• Antibody to hepatitis E virus [anti-HEV] ..... Pos Neg Unk
<b>LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS</b>	
• ALT [SGPT] Result _____ Upper limit normal _____	• If this case has a diagnosis of hepatitis A that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed hepatitis A case? ..... Yes No Unk
• AST [SGOT] Result _____ Upper limit normal _____	
• Date of ALT result MM / DD / YYYY	
• Date of AST result MM / DD / YYYY	

**DIAGNOSIS:** (Check all that apply)

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Acute hepatitis A | <input type="checkbox"/> Chronic HBV infection               | <input type="checkbox"/> Perinatal HBV infection | <input type="checkbox"/> Hepatitis Delta (co- or super-infection) |
| <input type="checkbox"/> Acute hepatitis B | <input type="checkbox"/> HCV infection (chronic or resolved) |  |   |
| <input type="checkbox"/> Acute hepatitis C | <input type="checkbox"/> Acute non-ABCD hepatitis            |  |   |
| <input type="checkbox"/> Acute hepatitis E |  |  |   |

# Patient History- Acute Hepatitis A

NETSS ID NO.

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STATE CASE NO.

During the **2-6 weeks** prior to onset of symptoms-

Was the patient a contact of a person with confirmed or suspected hepatitis A virus infection? .....

Yes No Unk

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

If yes, was the contact (check one)

- household member (non-sexual) .....
- sex partner .....
- child cared for by this patient .....
- babysitter of this patient .....
- playmate .....
- other .....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was the patient

- a child or employee in a day care center, nursery, or preschool ? .....
- a household contact of a child or employee in a day care center, nursery or preschool ? .....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes for either of these, was there an identified hepatitis A case in the child care facility? .....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Please ask both of the following questions regardless of the patient's gender.

In the **2- 6 weeks** before symptom onset how many

0 1 2-5 >5 Unk

- male sex partners did the patient have? .....
- female sex partners did the patient have? .....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the **2- 6 weeks** before symptom onset

Yes No Unk

Did the patient inject drugs not prescribed by a doctor? .....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Did the patient use street drugs but not inject? .....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Did the patient **travel** outside of the U.S.A. or Canada .....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

- If yes, where? 1) \_\_\_\_\_ 2) \_\_\_\_\_  
(Country) 3) \_\_\_\_\_

In the **3 months** prior to symptom onset

Did anyone in the patient's household travel outside of the U.S. A. or Canada? .....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

- If yes, where? 1) \_\_\_\_\_ 2) \_\_\_\_\_  
(Country) 3) \_\_\_\_\_

Is the patient suspected as being part of a common-source outbreak? .....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

If yes, was the outbreak

Foodborne- associated with an infected food handler .....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Foodborne - **NOT** associated with an infected food handler .....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

- specify food item .....

Waterborne .....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Source not identified .....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Was the patient employed as a food handler during the **TWO WEEKS**

prior to onset of symptoms or while ill? .....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

## VACCINATION HISTORY

Yes No Unk

Has the patient ever received the hepatitis A vaccine ?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

- If yes, how many doses? .....

1	≥ 2
<input type="checkbox"/>	<input type="checkbox"/>

- In what year was the last dose received? .....

Y	Y	Y	Y
---	---	---	---

Yes No Unk

Has the patient ever received immune globulin ? .....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

- If yes, when was the last dose received? .....

mo	yr
----	----

STATE CASE NO. \_\_\_\_\_  
 NETSS ID NO. 

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## Patient History- Acute Hepatitis B

<p>During the <b>6 weeks- 6 months</b> prior to onset of symptoms was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis B virus infection? <b>Yes No Unk</b></p> <p><b>If yes, type of contact</b></p> <ul style="list-style-type: none"> <li>• Sexual ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>• Household [Non-sexual] ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>• Other: ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> </ul>	<p>Ask both of the following questions regardless of the patient's gender.</p> <p>In the <b>6 months</b> before symptom onset how many <b>0 1 2-5 &gt;5 Unk</b></p> <ul style="list-style-type: none"> <li>• male sex partners did the patient have? ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>• female sex partners did the patient have? ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> </ul> <p>Was the patient <b>EVER</b> treated for a sexually-transmitted disease? ..... <b>Yes No Unk</b></p> <p>• If yes, in what year was the most recent treatment ? <u>Y Y Y Y</u></p> <p>During the <b>6 weeks- 6 months</b> prior to onset of symptoms</p> <ul style="list-style-type: none"> <li>• inject drugs not prescribed by a doctor? ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>• use street drugs but not inject? ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> </ul>
<p>During the <b>6 weeks- 6 months</b> prior to onset of symptoms</p> <p><b>Did the patient-</b> <b>Yes No Unk</b></p> <ul style="list-style-type: none"> <li>• undergo hemodialysis? ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>• have an accidental stick or puncture with a needle or other object contaminated with blood? ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>• receive blood or blood products [transfusion] ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li style="padding-left: 20px;">• if yes, when? <u>MM/DD/Y Y Y Y</u></li> <li>• receive any IV infusions and/or injections in the outpatient setting... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>• have other exposure to someone else's blood ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li style="padding-left: 20px;">specify: _____</li> </ul> <p>During the <b>6 weeks - 6 months</b> prior to onset of symptoms</p> <ul style="list-style-type: none"> <li>• Was the patient employed in a medical or dental field involving direct contact with human blood ? ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li style="padding-left: 20px;">If yes, frequency of direct blood contact?</li> <li style="padding-left: 40px;">Frequent (several times weekly) <input type="checkbox"/> Infrequent <input type="checkbox"/></li> <li>• Was the patient employed as a public safety worker (fire fighter, law enforcement or correctional officer) having direct contact with human blood? ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li style="padding-left: 20px;">If yes, frequency of direct blood contact?</li> <li style="padding-left: 40px;">Frequent (several times weekly) <input type="checkbox"/> Infrequent <input type="checkbox"/></li> <li>• Did the patient receive a tattoo? ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li style="padding-left: 20px;">where was the tattooing performed? (select all that apply)</li> <li style="padding-left: 40px;"><input type="checkbox"/> commercial <input type="checkbox"/> correctional <input type="checkbox"/> other _____</li> <li style="padding-left: 40px;">parlor / shop facility</li> </ul>	<p>During the <b>6 weeks- 6 months</b> prior to onset of symptoms</p> <ul style="list-style-type: none"> <li>• Did the patient have any part of their body pierced (other than ear)?</li> <li style="padding-left: 20px;">where was the piercing performed? (select all that apply)</li> <li style="padding-left: 40px;"><input type="checkbox"/> commercial <input type="checkbox"/> correctional <input type="checkbox"/> other _____</li> <li style="padding-left: 40px;">parlor / shop facility</li> <li style="padding-left: 40px;"><b>Yes No Unk</b></li> <li>• Did the patient have dental work or oral surgery? ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>• Did the patient have surgery ? (other than oral surgery) .. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>• Was the patient- <b>Check all that apply</b></li> <li style="padding-left: 20px;">• hospitalized ? ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li style="padding-left: 20px;">• a resident of a long term care facility ? ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li style="padding-left: 20px;">• incarcerated for longer than 24 hours ? ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li style="padding-left: 40px;">if yes, what type of facility (check all that apply)</li> <li style="padding-left: 60px;">prison ..... <input type="checkbox"/> <input type="checkbox"/></li> <li style="padding-left: 60px;">jail ..... <input type="checkbox"/> <input type="checkbox"/></li> <li style="padding-left: 60px;">juvenile facility ..... <input type="checkbox"/> <input type="checkbox"/></li> </ul> <hr style="border-top: 1px dashed black;"/> <p>During his/her lifetime, was the patient <b>EVER</b></p> <ul style="list-style-type: none"> <li>• incarcerated for longer than 6 months ? ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></li> <li>• If yes,</li> <li style="padding-left: 20px;">what year was the most recent incarceration ? ..... <u>Y Y Y Y</u></li> <li style="padding-left: 20px;">for how long ? ..... <u>      </u> mos</li> </ul>
<p><b>Did the patient ever receive hepatitis B vaccine?</b> <b>Yes No Unk</b></p> <p><b>If yes, how many shots?</b> ..... <b>1 2 3+</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>• In what year was the last shot received? ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><b>Was the patient tested for antibody to HBsAg (anti-HBs) within 1-2 months after the last dose? .....</b> <b>Yes No Unk</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>• If yes, was the serum anti-HBs <math>\geq 10\text{mIU/ml}</math>? ..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 20px;">(answer 'yes' if the laboratory result was reported as .... 'positive' or 'reactive')</p>

# Perinatal Hepatitis B Virus Infection

NETSS ID NO.

STATE CASE NO. \_\_\_\_\_

## RACE OF MOTHER:

☐ Amer Ind or Alaska Native  
☐ Asian

☐ Black or African American  
☐ Native Hawaiian or Pacific Islander

☐ White  
☐ Other Race, specify: \_\_\_\_\_

☐ Unknown

## ETHNICITY OF MOTHER:

Hispanic ..... ☐

Non-hispanic ..... ☐

Other/Unknown ..... ☐

Yes No Unk

Was **Mother** born outside of United States? ..... ☐ ☐ ☐ If yes, what country? \_\_\_\_\_

Was the **Mother** confirmed HBsAg positive prior to or at time of delivery ? ... ☐ ☐ ☐

• If no, was the mother confirmed HBsAg positive after delivery? ..... ☐ ☐ ☐

Date of HBsAg positive test result ..... MM / DD / YYYY

How many doses of hepatitis B vaccine did the child receive ? ..... ☐0 ☐1 ☐2 ☐3

• When?

• Dose 1- MM / DD / YYYY

• Dose 2- MM / DD / YYYY

• Dose 3- MM / DD / YYYY

Yes No Unk

Did the child receive hepatitis B immune globulin (HBIG)? ..... ☐ ☐ ☐

• If yes, on what date did the child receive HBIG? ..... MM / DD / YYYY

<p>During the <b>2 weeks- 6 months</b> prior to onset of symptoms</p> <p>was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis C virus infection?      <b>Yes</b>      <b>No</b>      <b>Unk</b></p> <p><b>If yes, type of contact</b></p> <ul style="list-style-type: none"> <li>Sexual .....      <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/></li> <li>Household [Non-sexual] .....      <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/></li> <li>Other: .....      <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/></li> </ul>				<p>Ask both of the following questions regardless of the patient's gender.</p> <p>In the <b>6 months</b> before symptom onset how many      <b>0</b>      <b>1</b>      <b>2-5</b>      <b>&gt;5</b>      <b>Unk</b></p> <ul style="list-style-type: none"> <li>male sex partners did the patient have? .....      <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/></li> <li>female sex partners did the patient have? .....      <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/></li> </ul> <p>Was the patient <b>EVER</b> treated for a sexually transmitted disease? .....      <b>Yes</b>      <b>No</b>      <b>Unk</b></p> <p>.....      <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/></p> <p>• If yes, in what year was the most recent treatment ?      <u>  Y  </u> <u>  Y  </u> <u>  Y  </u> <u>  Y  </u> <u>  Y  </u></p> <p>During the <b>2 weeks- 6 months</b> prior to onset of symptoms</p> <ul style="list-style-type: none"> <li>inject drugs not prescribed by a doctor? .....      <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/></li> <li>use street drugs but not inject? .....      <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/></li> </ul>			
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[illegible]

**STATE CASE NO.** \_\_\_\_\_

	Yes	No	Unk
• Did the patient receive a blood transfusion prior to 1992? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Did the patient receive an organ transplant prior to 1992? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Did the patient receive clotting factor concentrates produced prior to 1987? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Was the patient ever on long-term hemodialysis? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Has the patient ever injected drugs not prescribed by a doctor even if only once or a few times? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• How many sex partners has the patient had (approximate lifetime) ? .....			
• Was the patient ever incarcerated? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Was the patient ever treated for a sexually transmitted disease? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Was the patient ever a contact of a person who had hepatitis ? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, type of contact			
• Sexual .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Household [Non-sexual] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other: .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Unk
• Was the patient ever employed in a medical or dental field involving direct contact with human blood? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>